PTO/SB/17 (10-07)
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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)9/766,577-Conf. #2339			
FEE TRANSMITTAL			- 1	Filing Date		January 23, 2	001		
For FY 2008			- 1			Norio NAGAI			
						J. P. Misleh			
Applicant claims small entity status. See 37 CFR 1.27			_	ALONE		2622			
TOTAL AMOUNT OF PAYMENT (\$) 1,270.00)	Attorney Docket No. 0905-0254F					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of									
FEE CALCULATION		o and 1.17							
1. BASIC FILING, SEAL	RCH, AND EX	AMINATION FEE	s						
FILING FEES SEARCH FEES EXAMINATION FEES									
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEE	S							Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							50	25	
Multiple dependent clair				210 370	105 185				
	dra Claims	ims Fee (\$) Fee F		Paid (\$) Mu		ultiple Depend			
- =	x =			Fee (\$)			Fee Paid (
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Ex	tra Claims	Fee (\$)	Fee P	aid (\$)					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 C								50	
sheets or fraction th									
Total Sheets	Extra Sheets			lditional 50 or frac			Fee	Paid (\$)	
100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)									
4. OTHER FEE(S)	antion \$120	fan (no amall anti	tu dinaa	,,me)			Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00									
1252 Extension for response within second month 460.00									
SUBMITTED BY	-1/	,							
Signature	gnature 11 (149,# 40,4/7)				40,439	Telephone	(703) 20	5-8035	
Name (Print/Type) D. Ric						Date September 29, 2008			
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